

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-007509

STATE FILE NUMBER

Registration District No. 179 Primary Registration District No. 5667 Registrar's No. 21

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

0570

20570

3

4 0

5 2

6

7 0

8 2

9331X

10

11

12 1-0

13 1-0

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Lincoln</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bedford</u>		c. CITY OR TOWN <u>Troy</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Lincoln Co. Mem. Hosp.</u>		d. STREET ADDRESS (If outside, give location) <u>Hi-Way 61</u>	
3. NAME OF DECEASED (Type or print) First <u>James</u> Middle <u>Porter</u> Last <u>Porter</u>		4. DATE OF DEATH Month <u>February</u> Day <u>16</u> Year <u>63</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11-24-78</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Lincoln County</u>	
13a. FATHER'S NAME <u>George Washington Porter</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Kizer</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	
17. INFORMANT <u>Arlena Owen</u>		17. ADDRESS <u>Troy, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Vascular Accident</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Senility</u>		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>1:04</u> a.m. <u>1:04</u> p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>Troy, Missouri</u>
21. I attended the deceased from <u>1/10/63</u> to <u>2/16/63</u> and last saw ^{her} him alive on <u>2/16/63</u> Death occurred at <u>1:04 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED <u>2/16/63</u>	
22a. SIGNATURE <u>Joseph J. Marsh</u>		22b. ADDRESS <u>Troy, Mo.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>2-18-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Troy City Cemetery</u>	23d. LOCATION (City, town, or county) <u>Troy, Missouri</u>
24. FUNERAL DIRECTOR <u>Joseph J. Marsh</u>		25. DATE RECD. BY LOCAL REG. <u>2-18-1963</u>	
26. REGISTRAR'S SIGNATURE <u>Charlotte Leek</u>			

(Licensed Embalmer's Statement on Reverse Side)

FEB 27 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Charles Kest

Licensed Embalmer No.

4012

P. O. Address

Elsherry, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.